## PATENT APPLICATION FEE DETERMINATION RECORD Effective December 29, 1999

Application or Docket Number 09/670,892

| CLAIMS AS FILED - PART I (Column 1) (Column 2)                           |                                                              |                                   |              |                            |        |                                           |                  |           | SMALL I        | ENTITY                 | OR       | OTHER<br>SMALL |                        |
|--------------------------------------------------------------------------|--------------------------------------------------------------|-----------------------------------|--------------|----------------------------|--------|-------------------------------------------|------------------|-----------|----------------|------------------------|----------|----------------|------------------------|
| FOR                                                                      |                                                              | N                                 | NUMBER FILED |                            |        | NUMBER EXTRA                              |                  | lΓ        | RATE           | FEE                    |          | RATE           | FEE                    |
| BASIC FEE                                                                |                                                              |                                   |              |                            |        |                                           |                  |           |                | 345.00                 | OR       |                | 690.00                 |
| TOTAL CLAIMS                                                             |                                                              |                                   | 15           | minus 2                    | 20=    | •                                         |                  |           | X\$ 9=         |                        | OR       | X\$18=         |                        |
| INDEPENDENT CLAIMS                                                       |                                                              |                                   | 3            | minus                      | 3 =    | 12                                        | ,                | 1         | X39=           |                        | OR       | X78=           | 976                    |
| MULTIPLE DEPENDENT CLAIM PRESENT                                         |                                                              |                                   |              |                            |        |                                           | 1 t              | .100      |                |                        | · ·      | 1) [           |                        |
| * If the difference in column 1 is less than zero, enter "0" in column 2 |                                                              |                                   |              |                            |        |                                           | L                | +130=     |                | OR                     | +260=    | 11 101         |                        |
| CLAIMS AS AMENDED - PART II                                              |                                                              |                                   |              |                            |        |                                           |                  | TOTAL     |                | OR                     | OTHER    | 1626           |                        |
| (Column 1) (Column 2) (Column 3)                                         |                                                              |                                   |              |                            |        |                                           |                  |           | SMALL I        | ENTITY                 | OR       | SMALL          |                        |
| ENT A                                                                    |                                                              | CLAIM<br>REMAIN<br>AFTE<br>AMENDA | IING<br>R    |                            | PA     | HIGHEST<br>NUMBER<br>EVIOUSLY<br>PAID FOR | PRESENT<br>EXTRA |           | RATE           | ADDI-<br>TIONAL<br>FEE |          | RATE           | ADDI-<br>TIONAL<br>FEE |
| AMENDMENT A                                                              | Total                                                        | . 15                              | 5            | Minus                      | **     | 80                                        | =                |           | X\$ 9=         | ,                      | OR       | X\$18=         |                        |
|                                                                          | Independent                                                  | • /6                              |              | Minus                      | ***    | 15                                        | = /              | 1-1       | X39=           |                        | OR       | X78=           |                        |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM                           |                                                              |                                   |              |                            |        |                                           |                  | <b>」</b>  | +130=          |                        | OR       | +260=          |                        |
| en e                                 |                                                              |                                   |              |                            |        |                                           |                  | <b>L</b>  | TOTAL          |                        |          | TOTAL          |                        |
|                                                                          |                                                              |                                   | Al           | DDITFEE                    |        |                                           | ADDIT. FEE       |           |                |                        |          |                |                        |
| AMENDMENT B                                                              |                                                              | CLAIN<br>REMAIN<br>AFTE<br>AMENDA | IING<br>R    |                            | PR     | HIGHEST<br>NUMBER<br>EVIOUSLY<br>PAID FOR | PRESENT<br>EXTRA |           | RATE           | ADDI-<br>TIONAL<br>FEE |          | RATE           | ADDI-<br>TIONAL<br>FEE |
|                                                                          | Total                                                        | •                                 |              | Minus                      | **     | 20                                        | =                | 1         | X\$ 9=         |                        | OR       | X\$18=         | 1.173                  |
|                                                                          | Independent                                                  |                                   |              | Minus                      | •••    | 15                                        | =                | 11        | X39=           |                        | OR       | X78=           | /                      |
| 1                                                                        | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM               |                                   |              |                            |        |                                           |                  |           | . 100          |                        |          |                |                        |
|                                                                          | ,                                                            | •                                 |              | •                          |        |                                           |                  | L         | +130=<br>TOTAL |                        | OR       | +260=          |                        |
|                                                                          |                                                              |                                   |              |                            |        |                                           |                  |           | DOIT. FEE      |                        | OR       | ADDIT. FEE     |                        |
|                                                                          |                                                              | (Colum                            |              | हा का जा करून<br>इसका करून |        | olumn 2)<br>HIGHEST                       | (Column 3)       | i _       |                |                        |          |                |                        |
| AMENDMENT C                                                              |                                                              | REMAIN<br>AFTE<br>AMENDA          | IING<br>R    |                            | PR     | NUMBER<br>REVIOUSLY<br>PAID FOR           | PRESENT<br>EXTRA |           | RATE           | ADDI-<br>TIONAL<br>FEE |          | RATE           | ADDI-<br>TIONAL<br>FEE |
| Ş                                                                        | Total                                                        | •                                 |              | Minus                      | ••     |                                           | =                | $\prod$   | X\$ 9= ·       |                        | OR       | X\$18=         |                        |
| A                                                                        | Independent                                                  | ŀ                                 |              | Minus                      | •••    |                                           | =                | 1         | X39=           |                        | OR       | X78=           |                        |
| Ė                                                                        | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM               |                                   |              |                            |        |                                           |                  | 1         | +130=          |                        |          | +260=          |                        |
|                                                                          | if the entry in colu                                         | mn 1 is less                      | than th      | e entry in colu            | ımn 2, | write "0" in co                           | lumn 3.          | L         | TOTAL          |                        | OR       | TOTAL          |                        |
| •••                                                                      | If the "Highest Nu<br>If the "Highest Nu<br>The "Highest Nun | ımber Previd                      | ously Pa     | aid For" IN TH             | IS SP/ | ACE is less tha                           | an 3, enter "3." | ,         | DOIT. FEE      | aransista ba           |          | ADDIT. FEE     |                        |
|                                                                          | THE PROPERTY IN                                              | INUIT PTOVIOL                     | usiy rali    | יירטי (וסופויס             | 11100  | Perment, 15 UII                           | angriesi numb    | ישי יטעוו | ∾ ⊪ n∎e etb    | лорнате во             | t iit CO | wiiit 1.       |                        |